

## **INTENT TO RETURN**

Name:		Date:	
Last Attended:	Semester Returning:	Major:	
		eaving Converse may be aske	
transfer student. Cours	e work at another institution	on may also impact financial	aid eligibility.
*Since leaving Converse,	have you attended any other	college or university? Yes	No
If yes, what college or un	iversity did you attend?		
Have you requested your	official college transcript to	be sent to Converse? Yes	No
*Since withdrawing have	you been convicted of a felo	ny? Yes No	
If yes, please explain the	circumstance of your felony	conviction.	
*Have you received finar	ncial clearance from the Offic	e of Student Financial Service	s? Yes No
*Have you spoken with a Yes No	n academic advisor or a facu	lty member about returning and	d class availability?
Student (signature)			
For Office of Registrar O	nly (below)		
Confirmed with Dear	n of Students or the office o	f the Provost for return eligil	bility?
Confirmed with Stud	lent Financial Services for 1	registration clearance?	
Clearinghouse Check	xed		
Advisor Notified			

Registrar (signature)	)	Date	
-----------------------	---	------	--